EMJ MS
EUROPEAN MULTIDISCIPLINARY JOURNAL OF MODERN SCIENCE
ISSN 2750-6274 https://emjms.academicjournal.io Volume: 17 | Apr-2023

An Ethical Interrogation on Female Genital Mutilation

Sotonye Big-Alabo
General Studies Unit, Nigeria Maritime University, Okerenkoko, Delta State, sotonzopapaz@gmail.com
Mfon Umoren Ekpootu
Department of History and Diplomatic Studies, University of Port Harcourt Rivers State, Nigeria, mekpootu@yahoo.co.uk

Abstract: Female genital mutilation (FGM) is one of the issues that has received a lot of attention around the globe. It is one of the cultural practices that has come under close scrutiny in regard to the treatment of women and female children and violations of their human rights. Female genital mutilation is widespread and deeply ingrained in Africa and Asia. In this paper, the researchers take a slightly different approach with an ethical interrogation of female genital mutilation. The qualitative method of research was adopted. Using the lenses of medical and human rights ethics to investigate the practice of FGM, it states that the major ethical problem with FGM is that it is a pointless procedure that offers no real advantages to the girls who are subjected to it. The young girls—the main victims—also suffer unjustified injuries as a result, and it is carried out without consent. The fundamental medical ethical principles are thereby broken. To conclude, FGM is morally reprehensible because there are no clear medical justifications for it and it is a potential hazard to females.

Keywords: Gender Inequality, Ethics, Informed Consent, Relativism and Human Rights.

Introduction

Female Genital Mutilation (FGM) is a practice in which external female genitalia are partially or completely removed for non-medical purposes. FGM is against human rights since it can have detrimental effects on women's and girls' physical, mental, and sexual health. FGM is commonly seen as an unethical practice that breaches the autonomy and integrity of women's and girls' bodies. It frequently involves adolescents who are unable to provide informed consent, which raises concerns about the practice's ethical implications. International human rights organisations, including the United Nations, have urged the abolition of FGM, and several nations have outlawed it. FGM is still carried out in some cultures, frequently as a rite of passage or cultural custom. In order to change attitudes and beliefs that promote the practice, it is critical to recognize the cultural and social aspects that contribute to its continuance. This is the driving force behind this ethical inquiry. In the end, all cultural or customary explanations for FGM must yield to the ethical responsibility to preserve the human rights of women and girls (WHO, 2023).

Female genital mutilation (FGM) has complicated and important ethical implications. FGM is commonly seen as a harmful practise that violates women's and girls' physical autonomy, integrity, and dignity. It may have detrimental effects on one's bodily, mental, and sexual health, including pain, infection, infertility, and even death. The issue of informed consent is among the most important ethical issues pertaining to FGM. FGM is frequently justified on the basis of cultural or religious beliefs, and it is frequently carried out on adolescents who are unable to give informed consent. The extent to which cultural or religious practices should be permitted to supersede people's human rights and bodily autonomy is called into

question by this, especially when those practices have the potential to cause harm. Another ethical concern is the connection between FGM and gender inequality. FGM is frequently perceived as a method of controlling female sexuality and reinforcing patriarchal gender norms, creating a cycle of discrimination and oppression against women and girls (Ikea et al., 2021).

Furthermore, societal and cultural issues such as community pressure, fear of social marginalisation, and a lack of education and awareness about FGM all contribute to its persistence. This creates serious ethical concerns. It is critical to acknowledge the suffering caused by FGM and fight to eradicate it while respecting cultural diversity and encouraging education, awareness, and empowerment for women and girls (Leye et al. 2019). Through content analysis and the qualitative method of research, the study seeks to interrogate ethical concerns with respect to female genital mutilation

Origin of FGM

Although the precise origin of FGM is unknown, historical accounts and geographers from Greece, including Herodotus (425–484 B.C.) and Strabo (64 B.C.–23 A.D.), have noted that FGM took place in Ancient Egypt along the Nile Valley during the time of the Pharaohs, making Egypt frequently regarded as the source country (Kouba & Muasher, 1985). The practice of FGM was also long known to exist in other parts of the world, especially among the Romans, who performed cutting to keep their female slaves from becoming pregnant (Momoh, 2005). In the 1950s, clitoridectomy was reportedly performed in Western Europe and the United States to cure alleged illnesses such as hysteria, epilepsy, mental problems, masturbation, nymphomania, and melancholia (UNFPA, 2023). The history and impact of FGM are obscured by secrecy, ambiguity, and confusion (Odoi, 2005). The origin of FGM is controversial; it has been suggested that it was either performed to initiate young girls into womanhood, to maintain virginity and prevent promiscuity, or to uphold feminine modesty and chastity (Asaad, 1980). The ceremony has become so commonplace that it is impossible for it to have a single origin.

Types of FGM

There are many different procedures carried out depending on cultures, traditions, customs, and religions, and it is unknown what proportion of these are practiced in different locations. In other places, the current practice consists only of ceremonies that mimic FGM rather than actual surgical operations (Gruenbaum, 2001). According to the WHO, FGM is defined as "all procedures involving partial or total removal of the external female genitalia or other injury to the female genital organs for non-medical reasons." In the medical literature, four main types of FGM are recognized:

i. Type I (clitoridectomy) Type I involves partial or total removal of the clitoris and/or the prepuce. In medical literature, this type of FGM is also known as "clitoridectomy." Many communities that practise it also call it sunna, which is Arabic for "tradition" or "duty."

ii. Type II (excision) Type II involves partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora. The WHO definition acknowledges that there is a lot of variation in the type or extent of cutting, despite the fact that this form of cutting is more extensive than Type I. A common name for this kind of cutting is "excision."

iii. Type III (infibulation) Type III involves narrowing of the vaginal orifice by cutting and bringing together the labia minora and/or the labia majora to create a type of seal, with or without excision of the clitoris. 'Infibulation' is the term for the process of stitching together the cut edges of the labia. The urethra and vaginal entrance are nearly completely

covered by the adhesion of the labia, necessitating "defibulation" to reopen them for sexual activity and childbirth. This may be followed in some cases by "reinfibulation."

iv. Type IV (unclassified/symbolic circumcision) Type IV includes all other harmful procedures to the female genitalia for non-medical purposes, for example: pricking, piercing, incising, scraping, and cauterization. Pricking or nicking includes cutting to draw blood, but no tissue is removed, and the external genitalia are not changed permanently. This is frequently referred to as "symbolic circumcision," and some cultures have identified it as a traditional FGM practice. Despite the fact that symbolic circumcision is still quite contentious, it has been suggested as an alternative to more drastic types of cutting in both Africa and other nations that practise FGM. 85% of genital cuttings globally involve type I (clitoridectomy), while 15% involve type III (infibulation), despite the fact that the type of FGM differs from culture to culture and country to country (Lane & Rubinstein, 1996). All types carry health risks, but the risks are substantially higher for those who have undergone the more extreme form of FGM/C, type III (Oloo et al., 2011).

Ethics and FGM

When dealing with social problems, it is impossible to avoid some ethical considerations led by social work values. The process of debating and analysing ethical viewpoints and social work ideals in the context of FGM can result in "the kind of thoughtful judgement that is always more valuable than simplistic conclusions reached without the benefits of careful, sustained reflection and discourse" (Reamer, 1991, p. 13). However, some critics believe that ethical standards do not apply when dealing with issues such as FGM. They argue that, despite the fact that thinkers have been applying ethics to these issues for many years, they have yet to produce clear, irrefutable results. Cheryl Noble, for instance, asserts that "Applied Ethics is of limited value because ethicists too often get caught up in the analysis of abstractions that are far removed from pressing real-world problems" (Reamer, 1991, p. 10).

Ethics vs. Cultural Values

Ethics is not concerned with what people really do or believe. It is a question of what they should do. The reason for this is that ethics is founded not on personal or cultural ideas, but on principles rooted in what it means to be a human being. Because they are founded in the character of human beings as persons, they apply to all people, regardless of cultural, religious, or national background. As a result, sociological and historical considerations that centre on belief systems and cultural norms simply do not address the question of whether a specific practice is ethically justifiable. That question can only be answered by questioning if the practice is justifiable in light of these basic ethical principles. Societies are more than just collections of living things. They are social structures made up of people that are functionally tied to one another. Therefore, even practices that are ingrained in a people's cultural history and that have their roots in the fundamental beliefs that underpin that people's conception of the world are subject to ethical criticism. Such criticism is reasonable and legitimate since it is based on ideas that are fundamental to what it is to be a human being. In this regard, cultural practices are only appropriate when they are in line with these principles, and cultural ideals should only be upheld if they are morally justifiable. It is then morally repugnant for a culture to condone; a family to demand; and an individual to engage in behaviour that violates these fundamental ideals.

This criticism applies to female genital mutilation in its different forms. Female genital mutilation, in particular, has no medical rationale. It has solely historical roots and is based on deeply ingrained cultural norms. However, the principles that allow it are based on a severe disregard for women's dignity as human beings, and its acceptance necessitates the premise that women have a lower ethical status because of their gender. As a result, these

values violate the concepts of autonomy, respect for persons, equality, and justice (Kluge, 1996).

FGM and Human Rights

The fundamental rights of women and girls are violated by FGM, which is acknowledged as such on a global scale. It is a severe kind of discrimination against women and represents a systemic disparity between the sexes. In cases where the process results in death, it entails the infringement of a person's right to life as well as their rights to health, safety, and physical integrity. It also involves the breach of their rights to torture and other cruel, inhuman, or humiliating treatment, as well as their rights to health and physical integrity. In addition, girls typically undergo the procedure without being given the chance to give their informed consent, denying them the chance to make free decisions regarding their bodies (Okeke et al. 2012).

FGM and Gender Inequality

Gender inequality is the primary cause of the harmful traditional practice known as female genital mutilation (FGM). Usually performed on girls and young women, the practice’s main goal is frequently to regulate female sexuality and guarantee that the subjects adhere to patriarchal norms. FGM is typically carried out in societies that place a high priority on male authority and control over women's bodies. It is frequently viewed as a technique to guarantee that girls stay "pure" and "chaste," as well as to get them ready for marriage in a way that is acceptable to the community. FGM is also seen in some cultures as a rite of passage that marks a girl's transition into adulthood and signals her preparation for marriage. FGM is so closely related to gender inequality since it upholds patriarchal norms and the notion that women's bodies and sexuality are things that should be governed by men. For girls and women, FGM can also have detrimental physical and psychological effects, such as chronic pain, infections, irregular periods, difficulty urinating, and psychological trauma. Their health, education, and employment prospects may be negatively impacted in the long run, further entrenching gender inequality (WHO, 2023).

Therefore, it's crucial to address the underlying gender inequality that leads to FGM in order to alleviate the problem. This necessitates a multifaceted strategy that includes advocacy, education, and legal action. This could entail promoting legal restrictions against the practice, educating girls and women, and seeking to alter cultural attitudes and beliefs about FGM. Additionally, it might entail supporting efforts to advance gender equality more generally, such as campaigns for education, gender-based violence prevention, and programmes that empower women. By working to address the underlying gender inequalities that drive FGM, we can help to create a more just and equal world for all (WHO, 2023)

Medical Ethics and FGM

Medical ethics are at the core of the FGM debate worldwide, partly because some doctors and other medical professionals, such as midwives, who practise genital cutting most frequently, view it as a medical or surgical procedure (Burson, 2007). The majority of the time, doctors or other medical personnel are asked to conduct FGM, which has no proven medical benefit and instead hurts the victims. It raises a crucial question: Should the medical professional refuse to conduct FGM? The answer to this question is not simple. FMG is a social custom that has been followed for centuries. When requested to conduct FGM, we believe that medical professionals frequently face ethical dilemmas. People expect them to conduct it better than non-medical or less-trained health personnel, such as local midwives, who used to do it in the past.

However, the more recent laws and regulations of the profession prevent them from doing so. "Ethics also refers to the moral reasoning that underpins human relationships and the ways in

which they treat each other" (Kluge, 1993). The ethical issues of performing FGM stem from deeply held societal and religious views about the activity, as well as moral beliefs held by those who support and perpetuate the practice. In this instance, if the medical practitioner performs FGM, he or she does not need to justify his or her actions. Refusal, on the other hand, may be interpreted as a form of resistance or a violation of social norms (morality), which is a major affront to cultural identity. Violating social norms [morals] is deemed disrespectful. The medical professional's reputation and regard as a community-oriented health provider may suffer. Alternatively, conducting medically insignificant and dangerous operations by medical experts is not only unethical but also unlawful. FGM is regarded as a surgical procedure requiring significant medical skills and competence. As a result, it clearly violates the criterion of non-maleficence, i.e., it does no harm. To consider another question: who does FGM? It is most likely performed by midwives, nurse midwives, and village midwives (birth attendants), who are neither trained nor qualified to perform surgical operations (Abdel, 2014). They may be unaware of or unable to handle acute consequences such as bleeding and/or shock. As a result, they do the work of others, which is both immoral and illegal. It is unethical since they bring unnecessary and avoidable harm and danger to young girls. Here, beneficence and non-maleficence principles are violated. The logical and ethical answer to the issue we posed above is that yes, a "medical professional" must refuse to engage in such damaging and unnecessary actions, as it is better and morally and ethically permissible to violate societal norms for the sake of society as a whole. This has nothing to do with personal beliefs; rather, it has to do with fundamental, universal, and basic ethical principles that hold true for everyone. We think that the negative reaction to FGM is a constructive way to help girls.

Informed consent and FGM

As previously said, FMG is regarded as a surgical operation that necessitates gaining prior informed consent from the person being operated on. A method like informed consent should be implemented without hesitation or opposition. It is acceptable to respect autonomy, uphold justice, and reduce risk (Bottrell, 2000). A competent person, or an adult with a sound mind, usually provides informed consent. Parents or any other legal guardians are asked for the children's informed consent. This is the standard procedure in routine medical and health care. The only exception that is allowed is when performing urgent interventions in emergency situations. FGM is not a medical emergency and is not significant from a medical standpoint. As far as we are aware, informed consent is not typically requested for FGM. However, the mother (and perhaps other family members) frequently asks doctors to perform FGM not for herself but for someone else—her young daughter. The mother is serving in this case as a decision-maker via proxy. In order to act in her daughter's best interests, the proxy decision-maker must put her daughter's needs ahead of her own beliefs and ideals. Additionally, even if the other person is her own child, she has no right to use their ideals and perspectives to harm them.

Principle of Autonomy and Cultural Relativism

The principle of autonomy requires physicians to respect their patients' right to self-determination: their care must reflect their patients' values, interests, and wishes. Because these elements are mostly culturally formed, physicians are required to recognize cultural differences and, when feasible, honour and even learn from them. The extremity of this viewpoint is cultural relativism, which argues that all civilizations and their practices are equally valid and that it is wrong to pronounce judgement on another culture"(Macklin, 1999). Respect for the patient's liberty and culture, on the other hand, should not prevent denouncing female genital mutilation. Even within societies where FGM is practised, there is a diversity of viewpoints. Deconstructionists have claimed that no culture is fully uniform, observing that legislators frequently hear the words of the powerful few while neglecting the

voices of the oppressed." (Young, 1999).

The internal norms of a culture might be used by a cultural relativist to highlight the dubious nature of a tradition. For instance, FGM is not tolerated in Islam, although it was already common in African nations before Islam arrived there (Loretta, 1994). By drawing on cultural norms that the patient already accepts, the doctor can create an "argument from within against the practice. By using the principles that inform a patient's worldview, a physician can often persuade the patient to adopt an alternate course of action" (Macintyre, 1988). Furthermore, there are a lot of foreign precedents that can be used to judge how women have been treated in different societies. Examples include the Western rejection of sexual servitude in Eastern Europe, the recent spate of mass rapes of Bosnian women, and prenatal sex discrimination and female infanticide in China. Chinese foot binding was abolished in large part thanks to influences from the West. However, rejecting cultural relativism is not a sufficient rationale for forgoing patient care.

The core moral obligations of medicine—doing good and preventing harm—provide the additional ethical power that is required. Healthcare distribution, autonomy, and privacy rights are still hotly contested ethical issues. But the cornerstone of medicine's practice is providing good and avoiding harm. While the definitions of beneficence and non-maleficence vary by culture and clinical setting, these two principles provide physicians with the right—and even the obligation—to refuse therapy that they believe is harmful to patients. The physician must engage the patient in a values dialogue in a compassionate and courteous manner, obtaining relevant facts that illuminate the values underpinning the various options. In this manner, the doctor can respect the patient's culture while gently communicating his or her own moral viewpoint.

Ethical Relativism and FGM

According to the principle of ethical relativism, what one's society deems to be right and wrong determines what is right and wrong. As a result, "what is right in one place may be wrong in another, because the only criterion for distinguishing right from wrong—and thus the only ethical standard for judging an action—is the moral system of the society in which the act occurs" (Shaw and Vincent, 2001). According to Lane and Rubinstein (1996), ethical relativism accepts the idea that different sets of values are held by different groups and individuals and should be accepted. According to the ethical relativist, morality's standards are all societally contingent and lack an absolute standard that is independent of cultural context. Because of the wide range of human values and moral standards, the only basis for moral judgement is what individual cultures and communities deem to be right and wrong. There can be no common framework for resolving moral issues or establishing ethical consensus among people of diverse communities if ethical relativism is valid. Many ethicists oppose the ethical relativism theory. Shaw and Vincent (2001) identify several issues. First, ethical differences do not imply that all options are correct. Second, ethical relativism undermines any moral critique of other cultures' practices as long as they adhere to their own standards. Third, ethical relativism inhibits ethical growth because, according to the relativist, there can be no such thing; morality may vary, but it cannot improve or deteriorate. Finally, ethical relativism stifles any critical assessment of one's own moral ideals and practices. The problem with ethical relativism in the fight against FGM is that it makes no sense from a relativist's perspective for anyone to criticize the practice of FGM approved by a particular society because whatever that society considers to be acceptable is right in its context.

However, a relativist should recognize that there is no compelling reason to believe that the "majority rule" on moral problems is always correct. The conviction that it is always correct has unacceptable negative effects. Furthermore, the practice advocates for universal or common standards for assessing specific practices that harm human dignity and freedom (Shaw and Vincent, 2001). Human rights, for example, are universal criteria for evaluating

specific cultures and practices, with a focus on human dignity and liberties. Thus, a human rights approach to dealing with FGM can assist in overcoming the challenge of ethical relativism. Social work values, with a commitment to social justice and the economic, physical, and mental well-being of all members of society, can also promote this approach.

Conclusion

The reasons for FGM are complicated and change in accordance with the situation and the time period. As a result, there are contentious worldwide discussions on the practice of FGM due to the health dangers involved with the various treatments as well as the psychological and social damage it tends to inflict on the social lives of women who are compelled to undergo it. It goes against fundamental principles of medical ethics and human rights. The research exposes that one of the key ethical considerations regarding FGM is the issue of informed consent. Also, another major ethical problem with FGM is that it is a pointless procedure that offers no real advantages to the girls who are subjected to it. The young girls—the main victims—also suffer unjustified injuries as a result of it, and it is carried out without consent. The fundamental medical ethical principles are thereby broken. To conclude, FGM is morally reprehensible because there are no clear medical justifications for it and it is a potential hazard to females.

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